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PATENT APPLICATION FEE DETERMINATION RECOR							Application or Docket Number DWE/Magic Dragon/Falldien				
CLAIMS AS FILED - PART I (Column I) (Column 2)						SMALL ENTITY			OR	OTHER TI	
FOR		NUMBE	NUMBER FILED NUME		EXTRA		ГE	FEE		RATE	FEE
	SIC FEE CFR 1.16(a))					s 375			OR		s
TOT	AL CLAIMS CFR 1.16(c))		14 minus 20 = * 0			x \$ = 0			OR	x \$=	
IND	EPENDENT CLA	IMS	2 minus 3 = * 0			x=			OR	x =	
(37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+	=		OR	+ =	
* If the difference in column 1 is less then zero, enter "0" in column 2						тот	`AL	375	OR	TOTAL	
CLAIMS AS AMENDED - PART II							LLE	NTITY _	OR	OTHER TI	
(Column 1) (Column 2) (Column 3)									1	SMALL C	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE x \$=		ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=					x \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	_=		OR OR	x=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))] +	_=		OR	+=	
(Column 1) (Column 2) (Column 3)						TOTAL ADDIT, FEE			OR TOTAL ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ГЕ	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=		_=			x \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x_			OR OR	x=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			(37 CFR 1.16(d))] <u> </u>	=		OR	+=		
(Column 1) (Column 2) (Column 3)						TOTAL ADDIT, FEE			OR TOTAL ADDIT, FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA1	TE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=		_=			x \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	_=		OR OR	x=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						_=		OR	+=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							TAL FEE		OR	TOTAL ADDIT, FEE	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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